

**Professor Stephen Powis**  
National Medical Director  
NHS England  
Skipton House  
80 London Road  
London, SE1 6LH

16 July 2020

Dear Stephen,

**Re: Managing workload and workflow across primary and secondary care, during and following the COVID-19 pandemic**

We write jointly on behalf of primary and secondary care with regard to the management of workload and workflow across primary and secondary care, during and following the COVID-19 pandemic, and to request a meeting to with you to discuss this in more detail.

Over the past three months, we have received a growing number of reports from doctors regarding issues with these workflows. Some of these are long standing problems that have been exacerbated by the unprecedented level of pressure the health system found itself under at the peak of the pandemic. However, we are also aware that in these exceptional circumstances the health system developed new ways of working which have contributed to improved collaboration across the interface and which could become permanent features of health provision.

The recovery period provides an opportunity for the NHS to build on local examples of good practice and develop solutions to effect real change. This will not only reduce the burden on providers and promote integration across care sectors but will also provide a better experience for patients and may provide cost savings for the NHS in the long run.

Reflecting on their experiences, our members have already signalled that a number of solutions, linked to the Secretary of State's digital agenda, could help to increase greater integration across sectors to the benefit of patients and providers. For example, GPs and other prescribers in general practice are already able to prescribe medications electronically through the e-prescribing service (e-PS) directly to community pharmacies. They are now able to direct a prescription to any community pharmacy in England. Opening access to the e-PS for hospital doctors would mean they could prescribe following a remote consultation, without the need for the GP to prescribe or the patient to have to visit the hospital to collect their prescription. We believe secondary care clinicians should also have access to electronic fit notes, rather than needing to resort to issuing a paper Med 3. Simple initiatives, such as these, would allow secondary care specialists to continue providing end-to-end service, preventing additional administrative burden for GPs and improving the patient's journey across the system.

As reforms to outpatient activity take place, learning from the experience during the COVID-19 pandemic, it is likely that remote consultations will be used far more commonly by all clinicians.



In such circumstances, it will become increasingly important that primary, community and secondary care clinicians all have access to a properly commissioned community-based monitoring and diagnostic services. If a patient could attend a locally-based service for a blood test, ECG, spirometry, ultrasound or other diagnostic service that could be reasonably provided in a community setting, this would reduce the need for patients to travel to hospital and enable all clinicians to continue to care for their patients – both in terms of diagnosis and longer-term monitoring. Crucially, these results should be available for viewing across primary and secondary care, regardless of where the request originated.

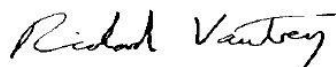
There is also the opportunity to develop common, shared pathways across primary and secondary care, thereby removing the need for duplication of work. This would potentially not only reduce unnecessary referrals to secondary care but could shorten patient pathways and ensure that resources are utilised for those patients who need them the most.

We look forward to working with you, and all parts of the system, to improve care pathways between primary and secondary care for the benefit of doctors and patients and would welcome the opportunity to discuss these changes in more detail over the coming weeks.

Yours sincerely,



**Dr Rob Harwood**  
Chair, BMA Consultants Committee



**Dr Richard Vautrey**  
Chair, BMA General Practitioners Committee